

Docket No. SM/0005.00

PART B - FEE(S) TRANSMITTAL

Application No. 09/945,130

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7590

08-08-2006

JOHN A. SMART

708 BLOSSOM HILL RD., #201

LOS GATOS, CA 95032-3503


09/07/2006 RMEBRAH 00000008 501370 09945130

01 FC:2501 700.00 DA
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John A. Smart	(Depositor's name)
	(Signature)
September 5, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/945,130	08/31/2001	Murray Kuchemaw	SM/0005.00	3079

TITLE OF INVENTION: E-MAIL SYSTEM PROVIDING FILTERING METHODOLOGY ON A PER-DOMAIN BASIS

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	11/08/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
SWearingen, Jeffrey R	2145	709-206000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 John A. Smart

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Sendmail, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Emeryville, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501370 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature



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by John A. Smart
Date: 2006.09.05
16:34:22 -0400

Date September 5, 2006

Typed or printed name John A. Smart

Registration No. 34,929

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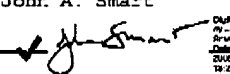
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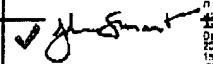
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/945,130	RECEIVED CENTRAL FAX CENTER SEP 05 2006
	Filing Date	August 31, 2001	
	First Named Inventor	Kucheraewy	
	Art Unit	2145	
	Examiner Name	Swearingen, Jeffrey R	
Total Number of Pages in This Submission	3	Attorney Docket Number	SMI/0005.00

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Issue Fee Transmittal
Remarks _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	John A. Smart	
Signature	 <div style="font-size: small; margin-left: 100px;"> Digitally signed by John A. Smart DN: cn=John A. Smart, o=Smart, ou=Smart, email=jsmart@smart.com, c=US </div>	
Date	September 5, 2006	

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Typed or printed name	John A. Smart	Phone: (408) 884 1507 Fax: (815) 572 8299
Signature	 <div style="font-size: small; margin-left: 100px;"> Digitally signed by John A. Smart DN: cn=John A. Smart, o=Smart, ou=Smart, email=jsmart@smart.com, c=US </div>	Date
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